## **DECLARATION, POWER OF ATTORNEY, AND PETITION**

| As a  | below named inventor, I hereby declare that:  |  |
|---|---|--|
| My re to my name.   | esidence, post office address and citizenship are as stated below next  |  |
| below) or an origina  | eve I am the original, first and sole inventor (if only one name is listed al, first and joint inventor (if plural names are listed below) of the subject himed and for which a patent is sought on the invention entitled: |  |
| CONTRAST CON  | TAINER HOLDER AND METHOD TO FILL SYRINGES   |  |
| the specification of  | f which (check one below):  |  |
| ( <b>~</b> )  | is attached hereto.   |  |
| ()  | was filed on as Application Serial No or Express Mail No, and was amended on (if applicable).   |  |
| ()  | was filed on as PCT International Application No , and as amended under PCT Article 19 on (if any).   |  |
| I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.   |   |  |
| I acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations §1.56.  |   |  |
| I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed: |   |  |

| Prior Foreign Applic   | cation(s)  | F   | Priority Claimed?   |
|--|--|---|---|
| (Number)   | (Country)  | Day/Month/Year Filed  | () Yes () No  |
| ,  |  |   | () Yes () No  |
| (Number)   | (Country)  | Day/Month/Year Filed  | () 111 ()   |
| (Number)   | (Country)  | Day/Month/Year Filed  | () Yes () No  |
| §119(e) of any Unite<br>of each of the cla<br>application in the m<br>§112, I acknowledge<br>all information know<br>Federal Regulations | by claim the benefit under ed States application(s) list ims of this application is anner provided by the first e the duty to disclose to the vn to me to be material to possible \$1.56, which became a national or PCT internation | ted below and, insofar as the<br>not disclosed in the prior<br>paragraph of Title 35, Unit<br>United States Patent and Topatentability as defined in<br>vailable between the filing | ne subject matter<br>or United States<br>ted States Code,<br>Trademark Office<br>Title 37, Code of<br>date of the prior |
| (Serial No.)   | (Filing Date)  | (Status: Patented, Pen  | ding, or Abandoned)   |
| (Serial No.)   | (Filing Date)  | (Status: Patented, Pen  | ding, or Abandoned)   |
| (Serial No.)   | (Filing Date)  | (Status: Patented, Pen  | ding, or Abandoned)   |
|  | by appoint the practitioners   |   |   |

I hereby appoint the practitioners associated with the customer number, as my attorneys or agents, with full power of substitute and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

Address all correspondence and telephone calls to

Wesley L. Strickland, Esq. Address of customer number Telephone (513) 241-2324

Wherefore I pray that Letters Patent be granted to me for the invention or discovery described and claimed in the foregoing specification and claims, and I hereby subscribe my name to the foregoing specification and claims, declaration, power of attorney, and this petition.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

| Full name of Inventor Frank Fago                                 |  |
|--|--|
| Inventor's Signature Hole by Fra                                 | _Date/2 <i>/4/03</i> _   |
| Residence City/State Mason, Ohio                                 | _Citizenship <u>U.S.</u>   |
| Post Office Address 4508 State Court, Mason, OH 45040            |  |
| Full name of Inventor Robert Bergen                              | is Many  |
| Inventor's Signature   | _Date  |
| Residence City/State Westchester, Ohio                           | _Citizenship <u>U.S.</u>   |
| Post Office Address 7862 Willow Run Court, Westchester, OH 45069 |  |
| Full name of Inventor James F. Farmer                            | to the same of the |
| Inventor's Signature   | _Date  |
| Residence City/State Mantua, NJ 08051                            | _Citizenship_U.S.  |
| Post Office Address 18 Woodbrook Drive, Mantua, NJ 08051         |  |

## **DECLARATION, POWER OF ATTORNEY, AND PETITION**

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original first and sole inventor (if only one name is listed

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

## CONTRAST CONTAINER HOLDER AND METHOD TO FILL SYRINGES

As a below named inventor, I hereby declare that:

the specification of which (check one below):

above.

| the opcomoduor | · · · · · · · · · · · · · · · · · · ·   |
|----------------|---|
| ( <b>v</b>     | ) is attached hereto.   |
| ()             | was filed on as Application Serial No or Express Mail No, and was amended on (if applicable).   |
| · ()           | was filed on as PCT International Application No , and as amended under PCT Article 19 on (if any).   |
|                | ereby state that I have reviewed and understand the contents of the above cation, including the claims, as amended by any amendment referred to |

I acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

| Prior Foreign Application(s)  |   | •   | Priority Claimed?   |
|---|---|---|---|
| (Number)  | (Country)   | Day/Month/Year Filed  | () Yes () No  |
|   |   |   | () Yes () No  |
| (Number)  | (Country)   | Day/Month/Year Filed  |   |
| (Number)  | (Country)   | Day/Month/Year Filed  | () Yes () No  |
| of each of the capplication in the §112, I acknowled all information knowled rederal Regulation | ited States application(s) list laims of this application is manner provided by the first ge the duty to disclose to the own to me to be material to ons §1.56, which became a e national or PCT internation. | s not disclosed in the print paragraph of Title 35, United States Patent and patentability as defined in available between the filing | or United States<br>ited States Code,<br>Trademark Office<br>Title 37, Code of<br>date of the prior |
| (Serial No.)  | (Filing Date)   | (Status: Patented, Per  | nding, or Abandoned)  |
| (Serial No.)  | (Filing Date)   | (Status: Patented, Per  | nding, or Abandoned)  |
| (Serial No.)  | (Filing Date)   | (Status: Patented, Per  | nding, or Abandoned)  |

I hereby appoint the practitioners associated with the customer number, as my attorneys or agents, with full power of substitute and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

Address all correspondence and telephone calls to

Wesley L. Strickland, Esq. Address of customer number Telephone (513) 241-2324

Wherefore I pray that Letters Patent be granted to me for the invention or discovery described and claimed in the foregoing specification and claims, and I hereby subscribe my name to the foregoing specification and claims, declaration, power of attorney, and this petition.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

| Full name of Inventor Frank Fago                                 |                          |
|--|--------------------------|
| Inventor's Signature   | _Date                    |
| Residence City/State Mason, Ohio                                 | _Citizenship <u>U.S.</u> |
| Post Office Address 4508 State Court, Mason, OH 45040            |                          |
| Full name of Inventor Robert Bergen                              |                          |
| Inventor's Signature Wiffut Blugm                                | _Date_ <i> 2 (11 03</i>  |
| Residence City/State Westchester, Ohio                           | _Citizenship_U.S.        |
| Post Office Address 7862 Willow Run Court, Westchester, OH 45069 |                          |
| Full name of Inventor James F. Farmer                            |                          |
| Inventor's Signature   | _Date                    |
| Residence City/State Mantua, NJ 08051                            | _Citizenship <u>U.S</u>  |
| Post Office Address 18 Woodbrook Drive, Mantua, NJ 08051         |                          |

## **DECLARATION, POWER OF ATTORNEY, AND PETITION**

|  | As a         | below named inventor, I hereby declare that:  |
|--|--------------|---|
| to my name.  | •            | sidence, post office address and citizenship are as stated below next   |
|  | origina      | eve I am the original, first and sole inventor (if only one name is listed<br>al, first and joint inventor (if plural names are listed below) of the subject<br>med and for which a patent is sought on the invention entitled: |
| CONTRAST   | CONT         | AINER HOLDER AND METHOD TO FILL SYRINGES  |
| the specifica  | ition of     | which (check one below):  |
|  | <b>( /</b> ) | is attached hereto.   |
|  | ()           | was filed on as Application Serial No or Express Mail No, and was amended on (if applicable).   |
|  | ()           | was filed on as PCT International Application No , and as amended under PCT Article 19 on (if any).   |
| I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.                                |              |   |
| I acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations §1.56. |              |   |

I hereby claim foreign priority benefits under Title 35, United States Code,

§119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a

filing date before that of the application on which priority is claimed:

Ò.,,

| Prior Foreign Application(s)  |  |  | Priority Claimed?  |  |
|---|--|--|--|--|
| (Number)  | (Country)  | Day/Month/Year Filed   | () Yes () No   |  |
| (Number)  | (Country)  | Day/Month/Year Filed   | () Yes () No   |  |
| (Number)  | (Country)  | Day/Month/Year Filed   | () Yes () No   |  |
| §119(e) of any Unite<br>of each of the clai<br>application in the ma<br>§112, I acknowledge | ed States application(s) li<br>ims of this application is<br>anner provided by the firs<br>the duty to disclose to the | er Title 35, United States Co<br>sted below and, insofar as t<br>is not disclosed in the pri<br>st paragraph of Title 35, Uni<br>e United States Patent and<br>o patentability as defined in | he subject matter<br>or United States<br>ited States Code,<br>Trademark Office |  |

| (Serial No.) | (Filing Date) | (Status: Patented, Pending, or Abandoned) |
|--------------|---------------|---|
| (Serial No.) | (Filing Date) | (Status: Patented, Pending, or Abandoned) |
| (Serial No.) | (Filing Date) | (Status: Patented, Pending, or Abandoned) |

Federal Regulations §1.56, which became available between the filing date of the prior

application and the national or PCT international filing date of this application.

I hereby appoint the practitioners associated with the customer number , as my attorneys or agents, with full power of substitute and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

Address all correspondence and telephone calls to

Wesley L. Strickland, Esq. Address of customer number Telephone (513) 241-2324

Wherefore I pray that Letters Patent be granted to me for the invention or discovery described and claimed in the foregoing specification and claims, and I hereby subscribe my name to the foregoing specification and claims, declaration, power of attorney, and this petition.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

*j*...

| Full name of Inventor Frank Fago                                 |                          |
|--|--------------------------|
| Inventor's Signature   | _Date                    |
| Residence City/State Mason, Ohio                                 | _Citizenship <u>U.S.</u> |
| Post Office Address 4508 State Court, Mason, OH 45040            |                          |
| Full name of Inventor Robert Bergen                              |                          |
| Inventor's Signature   | _Date                    |
| Residence City/State Westchester, Ohio                           | _Citizenship <u>U.S.</u> |
| Post Office Address 7862 Willow Run Court, Westchester, OH 45069 |                          |
| Full name of Inventor James F. Farmer                            |                          |
| Inventor's Signature   | Date <u>b/15/43</u>      |
| Residence City/State Mantua, NJ 08051                            | Citizenship_U.S.         |
| Post Office Address 18 Woodbrook Drive Mantua NJ 08051           |                          |